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At the beginning of the second year of the Community Mental Health Service operation, expansion was decided, to a total of six consultants for the elementary schools in Douglas County, Nebraska. Consulting was done on a regular basis in the lower grades in hopes of catching problems at their inception, thus hopefully causing greater improvement sooner for the child an school. The roles of the various personnel in the program are discussed as are workshops and inservice training. The University of Nebraska set up an evaluation of this program, based on triads of elementary schools in each of Douglas' districts. Operation of the mental health services are described as full, limited, or normal. Two measures were considered, change in teacher's attitude and change in pupil behavior. The Wickman Scale and the Minnesota Teacher Attitude Inventory were used. The results indicate that teachers' attitudes do change with participation in the workshops. The data obtained on perceived change in student behavior does not support the program. Complete data are included. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (KJ)

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TO
U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
UNITED STATE OFFICE OF EDUCATION
Division of Plans and Supplementary Centers
Washington, D. C.

OE Project No.
1123

EVALUATION SUMMARY FOR THE COOPERATIVE MENTAL HEALTH SERVICE

Submitted by
SCHOOL DISTRICT #66
IN THE COUNTY OF DOUGLAS
IN THE STATE OF NEBRASKA

September 9, 1968

CG004140

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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An Evaluation Summary

July 1, 1967 - August 31, 1968

Cooperative Mental Health Service

Martin F. Koolen

Project Coordinator

As coordinator of the Cooperative Mental Health Service offered to the Millard, Ralston, District #66, Douglas County Rural Schools, and Omaha Archdiocese schools, I feel that a subjective evaluation of the project's services and effectiveness would be of value to interested parties. An objective and statistically based evaluation has been completed by Dr. Kenneth Orton and Dr. David Levine of the University of Nebraska and is included at the end of this report.

With the advent of the '67 - '68 school year, the CMHS began it's second year of existance. It was felt that an expansion of the previous year's service would need to be implemented in order to gain greater acceptance for the program by the various school personnel involved. It was with this in mind that Dr. Edward Beitenman, Director of Childrens' Services at Nebraska Psychiatric Institute, proposed a plan recommending the use of six consultants to provide service on a consistant and rotating basis to all elementary schools in the districts. This differed from the previous year in that the number of consultants was increased from two to six, the consulting was done on a regular basis rather than as an inconsistent, on-call method, and the concentration was definitely aimed at elementary levels rather than the k-12 range of children. It was felt that by limiting the consulting to the lower grades (except in emergency cases) that the effectiveness of the services would be improved. By this it is meant that there would greater chance for helping younger children whose patterns have not been so firmly entrenched, thereby not only helping the child but providing a greater opportunity for the teacher to see improvement as well. Hopefully, this would create a greater acceptance on the part of that teacher and stimulate her to tell others about the merits of the program.

In the succeeding paragraphs I will attempt to present the different facets of the program including the consulting service, the nurses' role, the workshops which were provided, the in-service program, and the means by which information about the project has been disseminated.

I. Consulting Service

The services of six consultants from the Nebraska Psychiatric Institute (NPI) were made available to the schools within our project boundries. They were psychiatrists Dr. Edward Beitenman, Dr. Gene Hornsby, Dr. Louise Eaton, Dr. Richard Satterfield, and Dr. Clark Wieland. Dr. Malcomb Helper, a clinical psychologist, was the sixth consultant. Each consultant was assigned a number of schools for which they assumed the responsibility of providing service. These schools were assigned on the basis of enrollment, location, past history of case referral, and administrative receptivity. Also considered were the availability of each consultant and his or her abilities in regards to working with school principals. During the course of the year other staff members from NPI joined the consulting services. They were Dr. Clifford Fawl, clinical psychologist; Mrs. Pat Hardt, psychiatric nurse; and Mr. Charles Richardson, psychiatric social worker. The nine consultants gave counsel ranging from individual, one-to-one sessions with teachers, to evening group meetings with parents of referred children. Their range of effectiveness was vast. Successes were evident, as were failures, but the overriding feeling of educators was that here at last was someone that they could turn to for professional help for the emotionally disturbed children in their charge. (Sample of evaluation comments about consultants by school administrators and teachers are included in the attached addendum).

II. The Visiting Health Nurse

Without a doubt, this aspect of the project proved to be one of the most valuable of 1967-68 year. The nurses were able to provide a close liaison between home and school. They accumulated much information about the family environment that added substantially to the effectiveness of the teacher-consultant meetings. The nurse also kept the family informed about proceedings within the school conferences (within desired limits) and interpreted the results in terms of positive steps that could be taken by the family unit to help the child improve. One of the beneficial side effects of the nurses' service has been the closer working relationship which has developed between the Visiting Nurse Association and The Nebraska Psychiatric Institute. It has had the effect of unifying two cooperating agencies in a common effort.

III. Mental Health Workshops

During the last 14 month budget period (July 1, 1967 to August 31, 1968) a total of three, two-week workshops have been held. These workshops were open to teachers, administrators and nurses employed in the project's participating school districts. Each workshop was limited to 30 participants with each district alloted a number proportionate to the teachers in that district. Attendance at the three workshops is detailed in the attached addendum. It was recommended that elementary level teachers be encouraged to attend rather than upper grade teachers. This was due to the emphasis on directing our consulting service toward the elementary level children. The speakers who participated in the workshop ranged from nationally recognized authorities in school mental health, to local community mental health consultants. Miss Lorene Stringer, coordinator of the St. Louis County

school mental health program, and Dr. Edward Greenwood, Director of School Mental Health at Menninger Clinic in Topeka, Kansas provided outstanding learning experiences for those teachers and nurses attending the workshops. Some of the topics presented at the various workshops were "The Teacher's Role in Establishing a Child's Image of Himself", "Observing and Assessing Behavior", "Stress Situations", and "Interpersonal Relationships". Workshop programs listing the consultants and their topics in detail can be found in the addendum of this report.

It is hoped that the workshops would provide an opportunity for teachers to better understand themselves and the children in their classrooms and at the same time orient them toward practices enhancing better classroom mental health. A sample of some of the workshop evaluations can be found in the addendum. The results show an overwhelmingly positive response to the effectiveness of the programs. It was felt that limiting the enrollment of each workshop enabled the participants to become more involved in the activities and was, in part, responsible for the success achieved.

IV. <u>In-Service</u>

The in-service programs provided during the 1967-68 school year were minimal at best. The best effort was made in late February when a T.V. in-service program was piloted with the cooperation of Educational T.V. Station KYNE, Channel 26 (University of Nebraska at Omaha). At that time an hour program was shown to all project schools at 4:00 p.m. It included the mental health film "A Time of Growing" and a live discussion of the film by two child psychiatrists, Dr. Edward Beitenman and Dr. Emmett Kenny, both of Nebraska Psychiatric Institute. The evaluations by teachers and

and administrators that viewed the program were, for the most part, positive and have led us to expand the T.V. in-service extensively for the 1968-69 school year. Other in-service programs included lectures by mental health professionals and actual case studies conducted with teachers at various times throughout the year. It was felt that this facet of the Cooperative Mental Health Service was the least effective of the various aspects of the service and it is hoped that it can be expanded and improved during the 1968-69 school year.

V. Dissemination of Information

Methods by which information about the project was disseminated included the publication of a pamphlet telling the story of the Service, speaking appearances by the coordinator of the project at various parent-teacher organizations, and presentations to various state and regional educational organizations. These included the Nebraska School Administrator's Association State Convention, the Omaha Suburban Area Council of Schools, and various state Educational Service Units.

It is hoped that widespread distribution of this 1967-68 evaluation will be of value to those school organizations interested in implementing a school mental health program in their districts.

Omaha Suburban Schools

Cooperative Mental Health Service

An Evaluation

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Lincoln, Nebraska

August, 1968

Upon being contacted by the personnel in charge of the Project entitled Comprehensive Mental Health Service, the author, in cooperation with Dr. David Levine of the Psychology Department of the University of Nebraska, submitted to them a plan for evaluating these services. District 66 of Douglas County had made these kinds of services available to the schools in their own districts, and felt quite positive about their impact on the teachers and pupils. Our job was to develop a more objective evaluation than had previously been done. The importance of this kind of program can scarcely be denied, but the difficulties in making accurate assessments of personality and attitudinal change are well known. With the belief that these kind of programs should be supported, but with the realization of limitations in the accuracy of the instruments available and the lack of control of the independent variables, the following plan was submitted.

Procedure

Sample

Three elementary schools from each of four school administration units within Douglas County were selected on the basis of size, general character of the student population (socio-economic status), and to some degree, similarity in adminstrative cooperation. The triads of schools were selected in cooperation with the Nebraska Psychiatric Institute (NPI) and District 66 personnel. The four school administration units were District 66 (Westside Community Schools), District 54 (Ralston), District 17 (Millard), and Omaha Diocese-Catholic Schools.

Each elementary school of a triad was randomly placed (to the degree that this was possibly due to prior commitments that may have been made to

that school) into one of the catagories of mental health services which were as follows:

1) Full Service - All referral services plus in-service workshops and seminars were made available to these schools. The referral services included the possibility of a complete NPI case study of the pupil and conferences with the parents.

2) Limited Service - School consultation services were made available to this group of schools with consultation services with someone from the NPI team made available upon request of the school's officials. However, neither the complete package of NPI services nor were the personnel of these schools allowed to participate in the in-service workshops and seminars.

3) Normal Service - Cases were referred to the liaison agent within that district, in fact was encouraged to do so, with these cases being forwarded to the central office. No further action was taken.

The schools selected for participation in the evaluation are presented in Table 1. All other schools in these districts were given as much help as possible in working with problem children.

TABLE 1

Elementary Schools Participating in Education

	Full	Limited	Normal
District 66	Rockbrook ✓	Oakdale ✓	Prairie Lane
District 54	Mockingbird	Maywood	Seymour
District 17	Cody	Norris	Bryan
Parochial	St. Joan of Arc	Christ the King	Mary Our Queen

The special problems in conducting social-action research can be surmised with little difficulty. Those schools which received little help in dealing with special cases, but knew by word-of-mouth that other schools could obtain such aid were not very likely to continue to refer cases to the central office. In other cases they would demand help, and would create considerable pressure in trying to gain additional services. To some degree the results of the evaluation are affected by these kinds of inter-play.

Measures

Two kinds of measures were considered:

1) those measures which are indictative of change in the teacher's behavior due to her (his) participation in the program.

2) those measures which are indictative of change in the pupil's behavior, both of those pupils who were referred, and those who were recipients of the services of teachers who were involved in various degrees in the program.

Measures of teacher behavior were Wickman's list of mental health symptoms (See Appendix A), and the Minnesota Teacher Attitude Inventory (MTAI). These measures were administered both before and after the in-service workshops, and at the beginning and end of school. In addition, a tabulation of the numbers of referrals made by teachers from schools receiving various amounts of mental health services were kept. The MTAI is a measure of the attitude of teachers towards pupils and school situations thus thought to be an appropriate for both the workshops and the school year program. It is known to be sensitive to course instruction regarding children's behavior. That is, scores tend to change to more positive values after such

instruction, but the scores tend to shift to more negative values during actual teaching practice (reports found in the MTAI Manual). It is known to be fairly reliable instrument, and is the major published instrument available in the area of teacher attitude.

The Wickman scale is not a published instrument, and is much more experimental in nature. This scale may not be summed over all items to arrive at a single score as is the case for the MTAI. Instead, each item is scrutinized for change. The Wickman was used to determine changes in pre-post ratings for both the in-service workshops and the regular year's program.

Measures of pupil behavior change were taken through changes in ratings on a checklist (See Appendix B) as indicated by the teacher who had referred them. That is, teachers who had referred a pupil as needing help were required to complete a checklist at that time, and at the end of the school year. The differences in the ratings of those two checklists provided a measure of the degree of improvement, if any, of the referred pupils. Through this device it was possible to determine if there was more or less improvement associate with the Full Service category of mental health services as opposed to Limited or Normal Services.

At one time the use of the results of achievement test batteries was considered as a means of measuring pupil behavioral change. This approach seemed to raise more questions than answers so was ruled out. Such scores tend to be more influenced by so many other powerful factors that it was doubtful that this information would be of great value.

Results and Discussion

Workshops

The workshops were designed to update the teachers' thinking about the problems of mental health. There were two such workshops, both held during late summer just prior to the beginning of the school year.

Data collected by pre- and post- administration of the MTAI is presented in Table 2. It is noted that both workshops resulted in a statistically significant change in the positive. direction.

TABLE 2

MTAI, Means, Standard Deviations, and the Correlated "t" from Workshops

Workshop I

	Pre-Test	Post-Test	"t"
Means	41.27	58.69	2.21 $p < .05$
Standard Deviation	29.44	26.10	

Workshop II

	Pre-Test	Post-Test	"t"
Means	39.45	54.65	2.88 $p < .05$
Standard Deviation	26.18	20.80	

Data collected by pre- and post- administration of the Wickman is presented in Table 3. The majority of teachers attending workshops tended to use the less extreme ratings on the majority of items. That is, they tended to select "of only slight importance" or "of considerable importance" as opposed to "of no importance at all" or "of extremely great importance." This follows if one assumes that the greater the uncertainty of the rater, the more likely they will avoid taking an extreme position on any item.

TABLE 3

Means, Standard Deviations, and "t" Tests

for Those Wickman Items Which Should

Change After the Workshops

Workshop I

	Pre		Post			
Item	Mean	S.D.	Mean	S.D.	Diff.	"t"
31 Selfishness	2.67	.68	3.04	.59	+.37	+2.06 $p < .05$
33 Shyness	2.70	.67	3.22	.64	+.52	+2.81 $p < .01$
34 Sensitiveness	2.52	.51	3.00	.55	+.48	+3.20 $p < .01$
45 Dreaminess	2.74	.59	2.30	.61	-.44	-2.59 $p < .05$

Workshop II

	Pre		Post			
Item	Mean	S.D.	Mean	S.D.	Diff.	"t"
4 Untruthfulness	3.35	.48	3.00	.55	-.35	-2.13 $p < .05$
7 Stealing	3.60	.58	3.20	.51	-.40	-2.26 $p < .05$
44 Enuresis	2.70	.90	3.45	.59	+.75	+3.05 $p < .01$

The results presented in Table 3 are those items on the Wickman on which a statistically significant shift in response resulted. It is of interest to note that the change in response occurred with different items for each of the workshops. These results lead one to speculate about the possibility of chance factors being the prime determiner of change rather than whatever occurred within the workshops. For example, one would expect a minimum of two items of the 50 rated to show significant changes by chance alone if the 5 percent level of significance is selected. There is also the possibility that the two workshops were treated quite differently thus resulting in response shifts on different items.

Whatever the explanation, the teachers attending the first workshop rated selfishness, shyness, and sensitiveness as being more serious behavior after they attended the workshop, and rated dreaminess as less serious at its conclusion. Teachers attending the second workshop rated untruthfulness and stealing as less serious, and enuresis as more serious after the workshop experience.

Wickman (1928) and Thompson (1940) reported that psychologists consider shyness, sensitiveness, and dreaminess to be more serious than do teachers while untruthfulness and stealing were considered less serious. These results would suggest that training teachers (as in the workshops) in regard to the problems of mental health should result in shifts in response in the direction of the psychologists'position. The results reported in Table 3 agrees with this prediction for shyness, sensitiveness, untruthfulness, and stealing, but disagrees in the case of dreaminess. The last two behaviors (selfishness and enuresis) are rated about the same in Wickman's study and do not appear in Thompson's.

School Year

The same measures of teacher behavior were taken for this portion of the evaluation. The Wickman questionnaire and the MTAI were both administered at the beginning and at the end of the school year. Table 4 shows the Wickman items for which a significant pre-post change resulted without regard to the categories of services offered by the several schools. In all three cases the ratings changed to a position more like that of psychologists (Wickman. 1928; Thompson, 1940).

TABLE 4

Wickman Items Which

Showed Change After

The School Year

	X^2	P	Direction of Change
6 Cheating	8.16	.65	Less Serious
11 Masturbation	6.32	.10	Less Serious
19 Carelessness in Work	7.50	.10	Less Serious

Table 5 indicates the degree of change in performance from the beginning to the end of the school year on the MTAI. It should be noted that for teachers in general, that is, without regard to their degree of involvement in mental health services, there is an insignificant change in the negative direction. This decline in attitude to a more negative position for teachers in general is not unexpected as was earlier indicated by reference to studies reported in the MTAI Manual. The more relevant questionsis, "What happens

to the attitudes of those teachers who are exposed to the mental health services?"

TABLE 5

MTAI Means, Standard

Deviations, and Correlated "t"

for Pre- and Post- Data

from School Year

	Pre-Test	Post-Test
Means	40.39	37.49
Standard Deviation	25.46	30.48

The data for the analysis of change on the MTAI relative to the degree of involvement with mental health services is presented in Tables 6 and 7. Table 6 presents the cell, column, and row means employed in a factorial analysis of variance design. One variable is the degree of involvement with mental health services and the other variable is the categories of MTAI response on the test administered at the beginning of the school year. The use of the pre-test MTAI allows for control of teacher's attitude before these teachers were influenced by their participation in the mental health program. That is, each of the categories of MTAI pre-test scores insures that the attitudes at the beginning of the year were approximately the same for all three conditions of mental health services. Any differences found in the cell, and column means is most likely due to the program. The differences found in the row means are

expected because of the categories of pre-test levels on the MTAI.

TABLE 6

Cell Means for

Blocking Factor (MTAI Pre-test)

and for Mental Health Treatment

	Full	N	Limited	N	None	N	Row Means
MTAI I	15.00	7	-10.00	5	-2.500	4	2.81
" II	23.57	7	8.20	5	20.20	5	18.06
" III	27.57	7	38.40	5	21.60	5	29.00
" IV	51.75	8	43.67	6	26.60	5	42.58
" V	41.20	5	42.50	6	28.00	6	37.00
" VI	59.00	8	40.33	6	48.33	6	50.20
" VII	62.86	7	74.20	5	60.60	5	65.53
Total N Column Means	40.71	49	34.55	38	30.36	36	

In Table 6, the column means are in favor of those schools which had greater participation in the comprehensive mental health program. A mean of 40.71 is associated with Full Services, and 30.36 with Limited Services, and 30.36 is associated with a complete lack of services. Of course the row means vary greatly, but this is expected and is not of interest.

Table 7 presents the results of the factorial analysis of variance. The mental health service factor is significant at the 20 percent level of confidence which is not a strong result. However, participation in the program did result

in some change in the attitudes of those teachers who participated in the Full and Limited mental health services.

TABLE 7

Factorial Analysis of Variance on the Effect
Amount of Mental Health Service
with Blocking on Pre-test with
MTAI Post-test as Criterion

Service of Variation	TA	SS	MS	F
Mental Health Service (A)	2	2,481	1,240	2.10*
MTAI Pre-test (B)	6	45,978	7,663	12.96
Interaction (A x B)	12	5,143	429	.73
Within Error	102	60,295	591	
Total	123	113,897		

*F20, df of 2/102 = 1.65

The final measures taken were the number of referrals made by the teachers in each group, and whether or not a difference in pupil behavior from the time of the referral to the end of the year could be found.

The number of referrals made is not associated with the degree of involvement with mental health services. Ten referrals were made by teachers who had Full Services available, and eleven for teachers in Limited Services. There were no referrals made by teachers in schools receiving Normal Services.

Data on the amount of perceived change in student behavior for those students who were referred for services is presented in Table 8. It can be

readily seen that more change in student's behavior is associated with Limited Services, but that this change is not significantly different from the change indicated by those teachers who had available the Full mental health Services.

TABLE 8

Perceived Change in Student

Problem Behavior

	Full Referral Services	Limited Referral Services	"t"
Means	9.8	13.1	-.14
S.D.	11.76	17.99	

Summary

The results of MTAI scores and the changes in item response on the Wickman seem to indicate that whatever is occurring during the workshops is useful in modifying the teacher's attitudes toward school behavior problems. The evidence is less supportive of change in attitude for the school year program when MTAI results are considered. However, one must consider the fact that the experience of teaching tends to be associated with negative shifts in attitude. The information on the number of referrals made by teachers associated with varying degrees of involvement with the comprehensive mental health services is not supportive of the program nor is the data on perceived change in student's behavior.

References

1. Cook, Walter W., Leeds, Carroll H., and Callis, Robert. Manual. Minnesota Teacher Attitude Inventory. New York: The Psychological Corporation.

2. Thompson, C. E.. The attitudes of various groups towards behavior problems of children. Journal of Abnormal and Social Psychology, 1940, 35, 120-125.

3. Wickman, E. K. Teachers and behavior problems, New York: The Commonwealth Fund, 1938.

Appendix A

The Wickman Questionnaire

QUESTIONNAIRE

Do not write your name, but use your assigned number. Please give the following information that is related to this study.

Assigned No. _____ Sex _____ Age _____

Grade you completed in school (circle) College 1 2 3 4 Degrees_____ Adv. Degrees_____

Grade level that you are teaching_____ Number of children in your classroom_____

EXPLANATION

Behavior problems of children have recently become a subject for systematic and objective study. It is essential to secure reliable information on the causes and effects of behavior disorders of children. One of the first requirements in securing this body of knowledge is to ascertain the comparative seriousness of various behavior problems as they effect the welfare of children and society. Teachers, who are constantly meeting these problems, have a fund of information on the subject, much of which has never been accurately tabulated. In order to secure some of this information, you are asked to cooperate in spending a few minutes in completing the attached rating scale.

DIRECTIONS - READ CAREFULLY

1. First read the behavior items on the following pages in order to distinguish carefully between them. Where more than one descriptive noun appears for any item, it is designed thereby to qualify or explain more fully the particular behavior trait in question.

2. Then rate each of these items according to this criterion: What is your opinion of the seriousness or importance of this behavior when occurring in any school child with regard to its effect in limiting his or her happiness, success, and general welfare after leaving school and on entering adult social and industrial life. In other words, how much will the possession of this behavior trait by a child generally handicap him in his future adjustments as an adult.

3. The rating method has been employed for this investigation. To the right of each behavior item, there are four numbers. These numbers correspond to the captions at the top of the page. In order to rate the item, you will circle the number.

4. It is essential that you do not confer with anyone in regard to the rating.

HOW SERIOUS (OR UNDESIRABLE) IS THIS BEHAVIOR IN ANY CHILD?

	Of no importance at all	Of only slight importance	Of considerable importance	Of extremely great importance
1. Tardiness	1	2	3	4
2. Truancy	1	2	3	4
3. Destroying school materials	1	2	3	4
4. Untruthfulness (lying)	1	2	3	4
5. Imaginative lying	1	2	3	4
6. Cheating	1	2	3	4
7. Stealing	1	2	3	4
8. Profanity	1	2	3	4
9. Smoking	1	2	3	4
10. Obscene notes, pictures, talk	1	2	3	4
11. Masturbation	1	2	3	4
12. Heterosexual activity (with opposite sex)	1	2	3	4
13. Disorderliness (violations of classroom discipline)	1	2	3	4
14. Whispering and note-writing	1	2	3	4
15. Interrupting (talkativeness)	1	2	3	4
16. Restlessness (overactivity)	1	2	3	4
17. Inattention	1	2	3	4
18. Lack of interest in work	1	2	3	4
19. Carelessness in work	1	2	3	4
20. Laziness	1	2	3	4
21. Unreliableness (irresponsible) (evasion of duties)	1	2	3	4
22. Disobedience	1	2	3	4
23. Impertinence (insubordination and defiance)	1	2	3	4

	Of no importance at all	Of only slight importance	Of considerable importance	Ot extremely great importance
Cruelty and bullying	1	2	3	4
Quarrelsomeness (annoying other children)	1	2	3	4
Tattling	1	2	3	4
Stubborness (contrariness)	1	2	3	4
Sullenness (sulkiness)	1	2	3	4
Temper tantrums	1	2	3	4
Impudence, impoliteness, rudeness	1	2	3	4
Selfishness (and unsportsmanship)	1	2	3	4
Domineering, overbearing, dictatorial	1	2	3	4
Shyness, bashfulness	1	2	3	4
Sensitiveness	1	2	3	4
Unsocial, withdrawing	1	2	3	4
Overcritical of others	1	2	3	4
Thoughtlessness (forgetting)	1	2	3	4
Inquisitiveness, meddlesomeness	1	2	3	4
Silliness, "smartness", attracting attention	1	2	3	4
Unhappy, depressed, dissatisfied	1	2	3	4
Resentful	1	2	3	4
Nervousness	1	2	3	4
Fearfulness (easily frightened)	1	2	3	4
Enuresis (wetting self)	1	2	3	4
Dreaminess	1	2	3	4
Slovenly in personal appearance	1	2	3	4
Suspiciousness	1	2	3	4
Physical coward	1	2	3	4

	Of no importance at all	Of only slight importance	Of considerable importance	Of extremely great importance
49. Easily discouraged	1	2	3	4
50. Suggestible (accepts suggestion of anyone). . . .	1	2	3	4

(Be sure you have rated each item)

THANK YOU

Appendix B

Checklist

CHECKLIST

Name of child_____ Date_____

Name of rater_____ Relationship to child_____

Please indicate to what degree the following items apply to the child being referred compared to the average child. If the child is average, encircle the zero; if the child deviates mildly, encircle the one; if the child deviates severely, encircle the two. Please complete every item.

0 1 2 1. Thumb-sucking

0 1 2 2. Restlessness, inability to sit still

0 1 2 3. Attention-seeking, "show off" behavior

0 1 2 4. Skin allergy

0 1 2 5. Doesn't know how to have fun; behaves like a little adult

0 1 2 6. Self-consciousness; easily embarrassed

0 1 2 7. Headaches

0 1 2 8. Disruptiveness; tendency to annoy and bother others

0 1 2 9. Feelings of inferiority

0 1 2 10. Dizziness, vertigo

0 1 2 11. Boisterousness, rowdiness

0 1 2 12. Crying over minor annoyances and hurts

0 1 2 13. Preoccupation; "in a world of his own"

0 1 2 14. Shyness, bashfulness

0 1 2 15. Social withdrawal, preference for solitary activities

0 1 2 16. Dislike for school

0 1 2 17. Jealousy over attention paid other children

0 1 2 18. Difficulty in bowel control, soiling

0 1 2 19. Prefers to play with younger children

0 1 2 20. Short attention span

0 1 2 21. Lack of self-confidence

0 1 2 22. Inattentiveness to what others say

0 1 2 23. Easily flustered and confused

0 1 2 24. Lack of interest in environment, generally "bored" attitude

0 1 2 25. Fighting

0 1 2 26. Nausea, vomiting

0 1 2 27. Temper tantrums

0 1 2 28. Reticence, secretiveness

0 1 2 29. Truancy from school

0 1 2 30. Hypersensitivity; feelings easily hurt

0 1 2 31. Laziness in school and in performance of other tasks

0 1 2 32. Anxiety, chronic general fearfulness

0 1 2 33. Irresponsibility, undependability

0 1 2 34. Excessive daydreaming

0 1 2 35. Masturbation

0 1 2 36. Hay fever and/or asthma

0 1 2 37. Tension, inability to relax

0 1 2 38. Disobedience, difficulty in disciplinary control

0 1 2 39. Depression, chronic sadness

0 1 2 40. Uncooperativeness in group situations

0 1 2 41. Aloofness, social reserve

0 1 2 42. Passivity, suggestibility; easily led by others

0 1 2 43. Clumsiness, awkwardness, poor muscular coordination

0 1 2 44. Stuttering

0 1 2 45. Hyperactivity; "always on the go"

0 1 2 46. Distractibility

0 1 2 47. Destructiveness in regard to his own and/or others' property

0 1 2 48. Negativism, tendency to do the opposite of what is requested

0 1 2 49. Impertinence, sauciness

0 1 2 50. Sluggishness, lethargy

0 1 2 51. Drowsiness

0 1 2 52. Profane language, swearing, cursing

0 1 2 53. Prefers to play with older children

0 1 2 54. Nervousness, jitteriness, jumpiness; easily startled

0 1 2 55. Irritability; hot-tempered, easily aroused to anger

0 1 2 56. Enuresis, bed-wetting

0 1 2 57. Stomach aches, abdominal pain

0 1 2 58. Specific fears, e.g., of dogs, of the dark

Please note here any problems not mentioned above.

An Evaluation Summary

July 1, 1967 - August 31, 1968

Cooperative Mental Health Service

ADDENDUM

OVERALL PROJECT EFFECTIVENESS

OVERALL PROJECT EFFECTIVENESS

TEACHER'S EVALUATION

1. How do you rate this year's in-service programs?

   Good -- 23 Average -- 14 Poor -- 2

2. Did you feel your consultant related well to you?

   Yes -- 35 No -- 4

3. Did you feel that your consultant gave you usable suggestions in your meetings?

   Yes -- 30 No -- 7

4. Do you feel that you have gained a better understanding about children with mental health problems?

   Yes -- 34 No -- 4

5. Do you feel the nurse played an effective and helpful role on the consulting team?

   Yes -- 35 No -- 3

TEACHER'S EVALUATION

Name Saundra LeBar School Westgate

Please return this to the Comprehensive Mental Health Service office by May 1. Thank you.

1. How do you rate this year's in-service programs?

Good Average Poor

Comments:
The all day workshop sessions were excellent. We could use more along the same theme - especially on emotionally disturbed children.

2. Did you feel your consultant related well to you?

(Yes) No

Comments:
Dr. Satterfield was easy to talk to & I felt he told me things which helped me understand Bob a little more.

3. Did you feel that your consultant gave you usable suggestions in your meetings?

(Yes) No

Comments: Dr. Satterfield had some good suggestions. How usable they are will depend on their ultimate effect on Bob and his behaviour.

4. Do you feel that you have gained a better understanding about children with mental health problems?

(Yes) No

Comments:
I think I can better understand children with mental health problems but the problem is how to handle such a child in a normal classroom.

5. Do you feel the nurse played an effective and helpful role on the consulting team?

(Yes) No

Comments:
She made a home visit and sat in on a conference with the parents, speech therapist, principal & teacher.

TEACHER'S EVALUATION

Name Sr. Mary Janice, O.S.M. School Christ the King

Please return this to the Comprehensive Mental Health Service office by May 1. Thank you.

1. How do you rate this year's in-service programs?

Good (Average) Poor

Comments: I think the meetings between teacher & consultant should be more regular. The span seems so great, that it would be possible not to keep a close check on the students in a large class.

2. Did you feel your consultant related well to you?

(Yes) No

Comments:

3. Did you feel that your consultant gave you usable suggestions in your meetings?

(Yes) No

Comments: A decision had to be made as to when each suggestion should be used.

4. Do you feel that you have gained a better understanding about children with mental health problems?

(Yes) No

Comments: Working with the children in this program has helped me also to understand the behavior of the other students.

5. Do you feel the nurse played an effective and helpful role on the consulting team?

(Yes) No

Comments: I think our nurse has been most effective, since she meets regularly with the parents in a group as well as individually.

TEACHER'S EVALUATION

Name Mary B. Jezewski School Cody Elementary

Please return this to the Comprehensive Mental Health Service office by May 1. Thank you.

1. How do you rate this year's in-service programs?

(Good) Average Poor

Comments:

2. Did you feel your consultant related well to you?

(Yes) No

Comments:

3. Did you feel that your consultant gave you usable suggestions in your meetings?

(Yes) No

Comments:

4. Do you feel that you have gained a better understanding about children with mental health problems?

(Yes) No

Comments:

5. Do you feel the nurse played an effective and helpful role on the consulting team?

(Yes) No

Comments:

WORKSHOPS

MENTAL HEALTH WORKSHOP PARTICIPANTS
BY SCHOOL DISTRICT AND ORGANIZATION

I. ARCHDIOCESE OF OMAHA

23 Teachers

0 Counselors

0 Administrators

II. DOUGLAS COUNTY RURAL SCHOOLS

1 Teacher

0 Counselors

0 Administrators

III. MILLARD PUBLIC SCHOOLS

4 Teachers

0 Counselors

0 Administrators

IV. RALSTON PUBLIC SCHOOLS

7 Teachers

1 Counselor

0 Administrators

V. WESTSIDE COMMUNITY SCHOOLS (District #66)

30 Teachers

1 Counselor

1 Administrator

VI. NURSES (Douglas County Health Department)

10 Nurses

1 Supervisor

Summary of Workshop

Evaluations

Excellent	**--**	**65**
Good	**--**	**11**
Fair	**--**	**0**
Poor	**--**	**0**
		76 Total Participants

COOPERATIVE MENTAL HEALTH SERVICE

EVALUATION OF WORKSHOP

AUGUST 16, 1968

1. General evaluation of the Workshop

(Excellent) Good Fair Poor

2. What were the strengths of the Workshop? All participants seemed well qualified in their field. I felt the films were well-selected & helpful & feel much benefit is gained from group participation.

3. What were the weaknesses of the Workshop? I feel group discussions are very beneficial in problem solving & gaining ideas & would like to see some type of leadership developed in small group discussions.

4. What suggestions do you have for future workshops? As above. felt groups tended to stray from subjects when no one given responsibility of some directive.

Thank you.

Marty Koolen

COOPERATIVE MENTAL HEALTH SERVICE

EVALUATION OF WORKSHOP

AUGUST 16, 1968

1. General evaluation of the Workshop

Excellent (Good) Fair Poor

2. What were the strengths of the Workshop? The tremendous contact with such fascinating people and ideas. Also the opportunity to observe group dynamics in action.

3. What were the weaknesses of the Workshop? There seemed to be some times when we were only repeating the same concepts and were asking questions which seemed very obviously answered.

4. What suggestions do you have for future workshops? Possibly to avoid this repetition we could have a more varied range and do some more in-depth studies.

Thank you.

Marty Koolen

COMPREHENSIVE MENTAL HEALTH SERVICE

EVALUATION OF WORKSHOP

JUNE 21, 1968

1. General evaluation of the Workshop

(Excellent) Good Fair Poor

2. What were the strengths of the Workshop? I felt that Dr. Skinner talked to us in simple terms that I could easily relate to my teaching and that suggestions she gave could be applied by me in a classroom. She also gave me an insight into how I am as a person and because of this I can see each child individually. (over)

3. What were the weaknesses of the Workshop? There were none as far as I'm concerned.

4. What suggestion do you have for future workshops? Mainly that there be more of these or other similar workshops available for all teachers. Personally I would have attended even without the $150 because I had attended the afternoon session Dr. Skinner had with the parochial schools.

Thank you.

Marty Koolen

COMPREHENSIVE MENTAL HEALTH SERVICE

EVALUATION OF WORKSHOP

JUNE 21, 1968

1. General evaluation of the Workshop

(Excellent) Good Fair Poor

2. What were the strengths of the Workshop? It was so valuable in that it brought a group together with common interests and common needs. It helped each individual to enter in to the situation at hand, which most meetings certainly do not accomplish.

3. What were the weaknesses of the Workshop? I couldn't think of any weaknesses.

4. What suggestion do you have for future workshops? I think that there just should be more of this type of workshops for new teachers.

Thank you.

Marty Koolen

Miss Stringer was wonderful in her presentation of "down-to-earth", "heart-to heart" talks. I found out more about myself in 2 weeks time than in several years. By finding out about myself and understanding "me" a bit better, I know that I will do a more

COMPREHENSIVE MENTAL HEALTH SERVICE

EVALUATION OF WORKSHOP

AUGUST 16, 1967

1. General evaluation of the Workshop

Excellent Good Fair Poor

2. What were the strengths of the Workshop? Excellent personnel. Fast moving, sustained high interest level throughout.

3. What were the weaknesses of the Workshop? I would have liked to have had more time to spend on the case studies. We had a feeling of rushing toward the end.

4. What suggestions do you have for future workshops? Make them available to more teachers. Where possible include the nurses of each school as I felt when nurse was available she made valuable contributions.

Thank you.

Barry Kolen

TELEVISION IN-SERVICE

INDIVIDUAL

PARENT

TEACHER

STUDENT

RELATIONSHIPS IN THIS SCHOOL

KYNE-TV

SPECIAL

IN-SERVICE

26

Dear Principal:

We invite you and your teachers to participate in a special In-Service program that we feel is unique. The program is a study of the problems faced in working with elementary grade children that are suffering from emotional disturbances from the major to the seemingly insignificant.

We would like for you to encourage your teachers to watch this program in a group in order to get the full benefit. It will be televised on Channel 26, Tuesday, February 20th at 4:00 PM.

THREE-STEP PARTICIPATION: Beginning at 4:00 Concluding at 5:00

WATCH: The film "A Time of Growing" prepared by the Metropolitan Life Insurance Company which takes a real life view of a typical 3rd grade classroom for close-up examination of behavior characteristics common to everyday situations.

LISTEN: To a discussion of the film and related mental health topics by two psychiatrists from the Nebraska Psychiatric Institute: Dr. Emmett Kenny and Dr. Edward Beitenman. Martin Koolen, Project Coordinator for the Mental Health Service for Suburban Omaha Schools will serve as host.

DISCUSS: The film and commentary with your group of teachers. Draw upon experiences from your classrooms. Develop a new understanding of some of the problems faced today by emotionally disturbed children. How do we recognize the problems? How can we help?

PARTICIPATE IN THIS SPECIAL IN-SERVICE PROGRAM ON MENTAL HEALTH

TUESDAY, FEBRUARY 20th, 4:00 PM on KYNE-TV, CHANNEL 26

Program Department
Channel 26
KYNE-TV

T.V. IN-SERVICE EVALUATION SUMMARY

FAVORABLE COMMENTS

From principals--

"I felt that it was a fine in-service program. I heard many teachers comment that it was worthwhile."

"I thought it was well received."

"Very good."

"The responses toward the film were unanimously positive."

"Comments were made lauding the remarks of the two psychiatrists as a help in understanding and evaluating the film."

From teachers--

"I thought the film was very interesting and quite realistic."

"The final summary by the panel made the film more meaningful."

"One cannot help but be more aware of mental health after seeing it."

"I'm in favor of this program."

"I thought that the intent of the program was very good."

"I believe this production is well worth anyone's time in viewing. After the program I felt that I had acquired more of an insight on the traits of emotionally disturbed children."

"I enjoyed it very much."

"I suggest we have more in-service programs like this."

"This was the third time that I viewed this show, and I still enjoyed seeing it again."

"The really beneficial part of the in-service program was the teacher discussion which followed the doctors very helpful comments."

"Having such programs shown and providing time for teachers to exchange experiences and ideas is one of the most productive experiences possible in studying mental health problems."

UNFAVORABLE COMMENTS

From principals--

"Not enough time for group discussion."

"Many had seen the film before."

From teachers--

"Although the booklets were extremely useful, I wish that we could have read them entirely before the show."

"We were not qualified to do, nor prepared to do, an adequate follow up discussion among ourselves after the viewing."

"I think too much emphasis was placed on evaluating the program instead of the problems the program was trying to show."

"(a) We saw nothing we haven't already seen many times over.
(b) The patience of the teacher was unrealistic over a period of a school year.
(c) No suggestions were offered."

"I felt the two doctors could have been omitted from the program as the film was already evaluated by a doctor after the main sequence was shown."

"I felt that the program offered realistic cases in an unrealistic setting."

"The film portrayed action, but little reaction."

"Absolutely nothing new in the entire program."

"I was in total disagreement with the way the teacher handled the children."

"I was disappointed in the remarks by Dr. Kenny concerning teachers--almost degrading, and I don't, therefore, feel parents should view this."

"...but the film itself offered very little new information that most teachers haven't known before."

"Our discussion following the program was shallow, and I felt pointless."

GENERAL COMMENTS

From teachers--

"There seems to be a difference of opinion in the importance of mental health in the classroom among faculty, noticeably between young and old."

"Could the program start before 4:00 p.m.?"

"Thank you for this opportunity to express my opinion."

"Was the movie dramatized?"

GENERAL COMMENTS--Cont'd

"We in the classroom need constant or rather frequent reminding of good mental health attributes if we are to improve how we work with children."

"May be worthwhile for first year teachers or students contemplating the teaching field."

"More interest would be generated if this were a continued series which would discuss one certain type of behavior per session."

"Experienced teachers past experiences often provide helpful solutions for others."

"I would prefer a little more time spent on the creative discussion of how to handle these children."

"I think a great deal more needs to be done especially in parent-teacher education."

"I am glad that such a service is available, because it is another step toward aiding my understanding of individuals."

"I would have appreciated more specific information on coping with the problems presented."

T.V. In-Service Evaluation Form Sent Indiscriminantly
To Teacher Who Viewed The Program.

1. Did you feel that the program was worthwhile in terms of in-service value?

   Yes 31 No 2

2. Was the program format satisfactory?

   Yes 29 No 3 Undecided 1

3. Was program length

   too long? 2
   too short? 1
   satisfactory? 30

4. Do you think further exploration of the use of T.V. for in-service is desirable?

   Yes 30 No ____ Undecided 3

5. Do you think this program should be aired in the evening for parents' viewing?

   Yes 25 No 7 Undecided 1

6. Do you feel that the program was valuable in helping you to become more aware of mental health in working with children and parents?

   Yes 26 No 6

7. General Comments:

1. Did you feel that the program was worthwhile in terms of in-service value?

Yes ✓ No ____

2. Was the program format satisfactory?

Yes X No ____

3. Was program length

too long? ____
too short? ____
satisfactory? X

4. Do you think further exploration of the use of T.V. for in-service is desirable?

Yes X No ____

5. Do you think this program should be aired in the evening for parents' viewing? IT WAS SHOWN IN SEPT. OR OCT. ON CHANNEL 3.

Yes X No ____

6. Do you feel that the program was valuable in helping you to become more aware of mental health in working with children and parents?

Yes X No ____

7. General Comments:

THIS WAS THE THIRD TIME THAT I VIEWED THIS SHOW - ONCE IN COLLEGE AND ONCE ON KMTV CHANNEL 3 - AND I STILLED ENJOYED SEEING IT AGAIN. HOWEVER, NO NEW LIGHT WAS SHED ON THE SUBJECT BECAUSE OF THIS FILM.

I FELT THE TWO DOCTORS COULD HAVE BEEN OMITTED FROM THE PROGRAM AS THE FILM WAS ALREADY EVALUATED BY A DOCTOR AFTER THE MAIN SEQUENCE WAS SHOWN.

I SUGGEST WE HAVE MORE IN-SERVICE PROGRAMS LIKE THIS AND LET DIFFERENT TEACHERS BE "IN-CHARGE" IN THEIR OWN RESPECTIVE BUILDINGS.

THANK YOU FOR THIS OPPORTUNITY TO EXPRESS MY OPINION.

DICK THOMPSON
SUNSET HILLS SCHOOL
94TH AND WALNUT

1. Did you feel that the program was worthwhile in terms of in-service value?

Yes X No ____

2. Was the program format satisfactory?

Yes X No ____

3. Was program length

too long? ____
too short? ____
satisfactory? X

4. Do you think further exploration of the use of T.V. for in-service is desirable?

Yes X No ____

5. Do you think this program should be aired in the evening for parents' viewing? IT WAS SHOWN IN SEPT. OR OCT. ON CHANNEL 3.

Yes X No ____

6. Do you feel that the program was valuable in helping you to become more aware of mental health in working with children and parents?

Yes X No ____

7. General Comments:

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DICK THOMPSON
SUNSET HILLS SCHOOL
94TH AND WALNUT

1. Did you feel that the program was worthwhile in terms of in-service value?

Yes ✓ No ____

2. Was the program format satisfactory?

Yes ✓ No ____

3. Was program length

too long? ____
too short? ____
satisfactory? ✓

4. Do you think further exploration of the use of T.V. for in-service is desirable?

Yes ✓ No ____

5. Do you think this program should be aired in the evening for parents' viewing?

Yes ✓ No ____

6. Do you feel that the program was valuable in helping you to become more aware of mental health in working with children and parents?

Yes ✓ No ____

7. General Comments:

We in the classroom need constant — or rather, frequent reminding of good mental health attributes if we are to improve how we work with children.

February 23, 1968

To: All Project Principals
From: Marty Koolen
Subject: Mental Health T.V. In-service Evaluation

1. Did you feel that the program was worthwhile in terms of in-service value?

   Yes 17 No ____

2. Was the program format satisfactory?

   Yes 16 No 1

3. Was program length

   too long? 2
   too short? ____
   satisfactory? 15

4. Do you think further exploration of the use of T.V. for in-service is desirable?

   Yes 17 No ____

5. Do you think this program should be aired in the evening for parents' viewing?

   Yes 11 No 3 Undecided--3

6. Was T.V. reception adequate at your school?

   Yes 13 No 2

7. General comments:

School: _____

Principal: _____

February 23, 1968

To: All Project Principals
From: Marty Koolen
Subject: Mental Health T.V. In-service Evaluation

1. Did you feel that the program was worthwhile in terms of in-service value?

   Yes _X_ No ____

2. Was the program format satisfactory?

   Yes _X_ No ____

3. Was program length

   too long? ____
   too short? ____
   satisfactory? _X_

   I would like to have seen more of the time given to the two doctors.

4. Do you think further exploration of the use of T.V. for in-service is desirable?

   Yes _X_ No ____

5. Do you think this program should be aired in the evening for parents' viewing?

   Yes _X_ No ____

   Provided there is also given opportunity for discussion before or after with the faculty.

6. Was T.V. reception adequate at your school?

   Yes _X_ No ____

7. General comments:

   As a whole I feel that our faculty benefited from this program. It stimulated them to have an interesting discussion on the problems they encounter daily. I am adding an evaluation of one of our teachers on the back of this sheet. I felt her opinion was quite good.

School: St. Joan of Arc

Principal: Sister Marian, R.S.M.

Sister Marian, R.S.M.

If the primary purpose of the Mental Health In-service Program on February 20, 1968, was to stimulate interest in the mental health of the students and to promote discussion among the faculty members, then the program must be considered a success.

There was some criticism of the film itself in so far as there was very little background information given on the classroom (graded or ungraded primary, extent of dramatization, etc.). The teachers' comments on the remarks made by Drs. Kenney and Beiteman at the conclusion of the film were especially well received.

As a whole, the teachers agreed that the program was worthwhile and that they would welcome another in-service program of the same type.

Mrs. Patricia Schrader
Teacher

February 23, 1968

To: All Project Principals
From: Marty Koolen
Subject: Mental Health T.V. In-service Evaluation

1. Did you feel that the program was worthwhile in terms of in-service value?

   Yes ✓ No ____

2. Was the program format satisfactory?

   Yes ✓ No ____

3. Was program length

   too long? ____
   too short? ____
   satisfactory? ✓

4. Do you think further exploration of the use of T.V. for in-service is desirable?

   Yes ✓ No ____

5. Do you think this program should be aired in the evening for parents' viewing?

   Yes ? No ____

6. Was T.V. reception adequate at your school?

   Yes ✓ No ____

7. General comments:

   More discussion time needed at end of films

School: Cody Elem.

Principal: J. Wayne Ellis

PROJECT PAMPHLET

Cooperative Mental Health Service

HELP FOR CHILDREN WITH EMOTIONAL DISTURBANCES

Provided by:

Douglas County Schools
Millard Public Schools
Omaha Archdiocese Schools
Ralston Public Schools
Westside Community Schools

In cooperation with:

Nebraska Psychiatric Institute, University of Nebraska
Douglas County Health Department

A three year program federally funded under Title III of the 1965 Elementary and Secondary Education Act, Grant No. OE66-1123

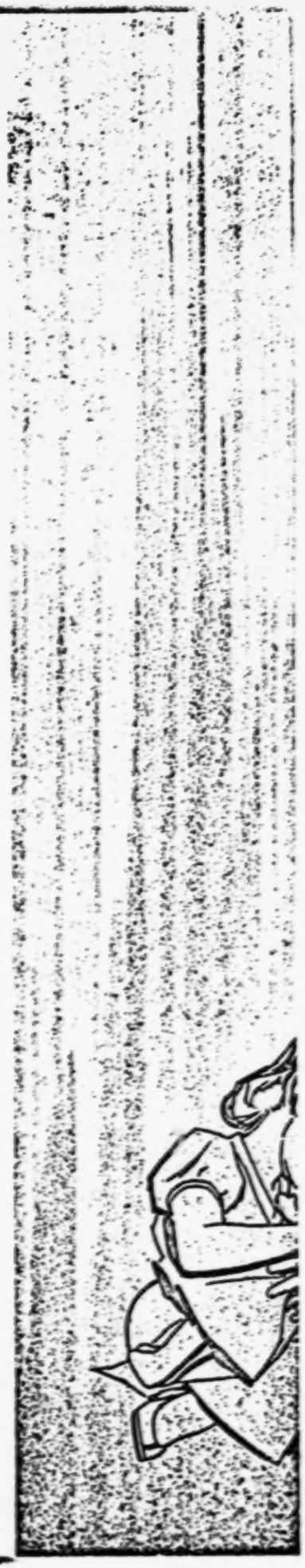
"I hope it's so cold my toes freeze off and I'll die." That's Kevin talking. Second grade. Average intelligence. No interest in school. Failing grades. Little things depress him. He yearns for friends, but feels he is friendless. On his moodiest days he's a real discipline problem for his teacher. She is frustrated; she can't seem to reach Kevin. Her attempts to help him by utilizing the school resources available to her meet with little success. She and her principal finally decide to refer Kevin to the Cooperative Mental Health Service.

The Cooperative Mental Health Service is a relatively new service that is being offered by five Omaha-area school systems, on an experimental basis, to provide much-needed help for children who exhibit behavior problems. Because these children require help that a teacher has not been trained to give, the Service provides help from men and women who have been trained in this field — people from the Nebraska Psychiatric Institute and from the Visiting Nurse Association of the Douglas County Health Department.

In the case of Kevin, the principal and teacher fill out a project referral form which gives detailed information about the behavior which has precipitated Kevin's referral. The form is then sent to the office of the project coordinator who contacts the visiting psychiatrist from the Nebraska Psychiatric Institute about the case. A conference is scheduled in which the psychiatrist, public health nurse, principal and teacher are present. During the conference, Kevin's behavior is discussed and each individual contributes information which may be relative to the case. The nurse, having visited the parents in their home prior to the conference, can add much to the information about Kevin's environment outside the school setting. The principal and teacher describe Kevin's school behavior as they have observed it.

The information in Kevin's cumulative folder is studied. This folder includes all of the information that the parents gave when Kevin entered school; it includes his health record, scores from IQ and achievement tests and any information that Kevin's teachers think will be helpful to future teachers.

There is a frank exchange of ideas concerning Kevin and his problems. After much discussion, the team concludes that Kevin can best be helped by a change in his home atmosphere. For some reason Kevin is not receiving ingredients from his family that are necessary to his growth and development as a happy, well-adjusted child.



With the parents' cooperation, family counseling by a psychiatric social worker at the Nebraska Psychiatric Institute may be initiated, or a referral for counseling at one of the community service agencies such as Family-Child Service may be appropriate.

The consulting psychiatrist attempts to help Kevin's school experience by giving the teacher and principal recommendations for changes which may help Kevin hurdle the barriers which are hindering his progress in the social and educational environment of the school.

There is no quick or easy solution to the problem of a confused little boy. Kevin's emotional problems didn't happen overnight and they won't be solved overnight, but the important thing is that, with expert help through the Cooperative Mental Health Service, the people that most affect Kevin, his parents and his teachers, are now working together to help him. The problem is recognized and plans for solutions are being sought by those who care about him and want to help him.

This fictionalized case is not typical. No emotional disturbance is typical, but it does illustrate the problem and it does show that solutions are being sought through cooperative relationships of available community services. Emotional disturbance, its identification and how it is dealt with is the problem.

A 1956 Columbia University Psychiatry Department study estimated that 10% of public school children were emotionally disturbed and in need of guidance. A 1964 Nebraska survey identified over 5% of the pupils as having some type of mental health problem.

Even after an emotionally disturbed child is identified, it has been a problem to find help for him. The resources for treatment are inadequate. Mental hospitals are over-crowded. Psychiatrists are scarce.

(continued)

This is why five Omaha-area school systems are trying to do something about the problem.

Included in the services of the Cooperative Mental Health Service is help for teachers. Through workshops and in-service programs, teachers are taught to recognize symptoms of disturbances and how to deal with minor emotional upsets. In more severe cases they are being taught how to gather information that the doctors and nurses need to have in order to find solutions. Teachers are also learning how they can make their own classrooms happier, more pleasant places for children. Most of all, teachers are learning that they no longer have to overlook disturbed, emotional behavior from their students; they now have a place to seek help for them.

The forerunner of this Service was called "Project 66." The Westside Community Schools began the program in 1963 with a grant to the Nebraska Psychiatric Institute from the Ford Foundation. Then, in 1965, an application was made for federal funds under Title III of the Elementary and Secondary Education Act of 1965, to set up and operate an innovative and exemplary pilot program of mental health. The program was based on the early identification and treatment of emotionally disturbed children. It was a cooperative effort of the schools, the Nebraska Psychiatric Institute of the University of Nebraska and the Douglas County Health Department. During the first full year of the project, four additional school systems joined the Service.

What about continuation of the Service after 1969? It is planned that through the cooperative efforts of those agencies and school districts presently involved, continuation of this kind of help for children will be perpetuated. Other school districts and agencies may also wish to join in participating in the service.

WHAT

WHAT IS THE COOPERATIVE MENTAL HEALTH SERVICE?

It is a program, worked out by local school systems, to help identify and treat, in its early stages, emotional disturbance in children.

WHAT

WHAT DOES IT DO?

It brings together, for consultation and evaluation, professional people who are trained to help these children. The program also provides specialized training for teachers so that they can give more help to these children.

WHO

WHO DOES IT SERVE?

It serves all the children in the Douglas County Rural Schools, Millard and Ralston Public Schools, and the Westside Community Schools as well as all the children attending the Omaha Archdiocese schools in the four participating public school districts.

WHERE

WHERE DO YOU GO TO GET THIS SERVICE?

If you have inquiries, contact your local school principal or the mental health project coordinator.

HOW

HOW MUCH DOES IT COST?

This service is supported by a grant from the federal government and there is no direct cost to the parents of children receiving this Service.

FOR MORE INFORMATION CALL OR WRITE:

Project Coordinator, Title III
7801 Cass Street Omaha, Nebraska 68114
391-2150